Department of Labor Office of Labor Management Standards Washington DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

2 Fiscal Year Covered From	EAUG 17 2005 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT	
A Name and address of person filing Name MICHAEL COMBER Labor Organization File Number S41-169 PO Box Bildg Room No if any Labor Organization File Number S41-169 PO Box Bildg Room No if any Street 4923 WEST CYPRESS STREET 4924 WEST CYPRESS STRE	1 File Number U [2008]	2 Fiscal Year Covered From
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Labor Organization File Number S41-169 PO Box Bidg Room No if any PO Box Building and Room Number if any Street 4923 WEST CYPRESS STREET Street 4923 WEST CYPRESS STREET City TRAMPA State Florada ZiP Code +4 33607 State Florada ZiP Code +4	3 Name and address of person filing	4 Name file number and address of labor organization
PO Box Bldg Room No if any Street 4923 WEST CYPRESS STREET City TAMPA State Florada ZiP Code +4 33607 Formal abor organization EMPLOYEE - BUS REPRESENT/ORGANIZER Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other exconomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 8 Name and address of Employer (including trade name if any) 7 Nature of interest Transaction or income 7 Name Trade Name if any PO Box Bldg Room No if any Street City State Signature 15 Signature and verification The undersigned declares under penalty of Pepury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the aignatory and is to the best of the undersigned is knowledges and belief true correct and complete (See the section on penalties in the instructions)	Name MICHAEL COMBER	Name PLUMBERS & PIPEFITTERS LOCAL UNION NO 123
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	submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the	
Later transfer to the second of the second o	Signed Michael C. Center	On 8/05/05 8/3-636-0/23 Telephone Number

Name of Person Filing MICHAEL COMBER File Number U B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or teasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Name INTERNATIONAL FOUNDATION OF EMPLOYEE a Labor Organization Trade Name if any BENEFIT PLANS b Trust PO Box Bldg Room No If any P O c Employer Street BROOKFIELD ZIP Code + 4 53008 State Wisconsin 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLAN Name PLUMBERS & PIPEFITTERS LOCAL NO 123 TRAINING CONFERENCES FOR TRUSTEES Trade Name If any PENSION FUND PO Box Bldg Room No if any Street 8875 LIBERTY RIDGE DR 11 b Approximate dollar value of such dealing \$21 373 JACKSONVILLE City 12 a Nature of interest held or income received TRUSTEE ATTENDANCE AT NEW ORLEANS CONFERENCE ZIP Code + 4 32256 State Florida 11/30/04 - 12/04/04 REGISTRATION FEE LODGING AIRFARE & REIMBURSED EXPENSES TRUSTEE REGISTRATION FEE & HOTEL DEPOSIT FOR HAWAII CONFERENCE \$3 293 12 b Amount C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any PO Box Bldg Room No If any Street City ZIP Code + 4 State

14 b Amount of payment.

13 b Is the Business an Employer

or Consultant